Prescription Drug Claim Form



THIS FORM MUST BE SIGNED

Each Pharmacy Receipt Must Show:

- Participant Name
- Prescription Number
- Pharmacy Name and Address or NABP Number
- Drug Name/Strength or NDC Number
- Metric Quantity/Days SupplyDispense as written (DAW), if applicable
- Doctors Name or DEA Number
- Purchase Date
- · Total Charge

The submission of this claim form, for you or any of your dependents, authorizes the release of all information to applicable health care providers and all others involved in filling the prescriptions or processing the claims

CARD HOLDER INFORMATION	PARTICIPANTINFORMATION
Primary Participant ID# (REQUIRED) Company Employee Number (if appropriate) Plan Sponsor Last Name Middle Initial Mailing Address - Street Apt. City State Zip Code	(Use a separate claim form for each covered member of the family) Participant's Last Name Participant's First Name Participant's Birthdate Month Day Year Participant's Relationship to Card Holder: Self Self Spouse Daughter Son Widowed Full-time Student Sponsored Dependent
Please include all ORIGINAL PRESCRI Please do not use this form for N CERTIFICATION I certify that the information on this claim form is correct. I also certify that the p that the drugs listed are not for treatment of an occupational injury or disease for when the drugs listed are not for treatment of an occupational injury or disease for when the drugs listed are not for treatment of an occupational injury or disease for when the drugs listed are not for treatment of an occupational injury or disease for when the drugs listed are not for treatment of an occupational injury or disease for when the drugs listed are not for treatment of an occupational injury or disease for when the drugs listed are not for treatment of an occupational injury or disease.	Mail Service Prescriptions articipant for whom this claim is made is eligible for benefits. I understand



Prescription Drug Claim Form

See Reverse Side

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Please fold form here, making sure that Caremark's return address shows through the window ______